

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>8/4</u>		2 Serial/Patent # <u>537863</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND		\$ 108. ⁰⁰																					
8 TO BE REFUNDED BY:																							
10 REASON:		<input checked="" type="checkbox"/> Treasury Check																					
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																					
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>		2	3	--	0	9	7	5													
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<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY:																							
TYPED/PRINTED NAME: <u>L Dillon</u>		TITLE: <u>T-3</u>																					
SIGNATURE: _____		PHONE: _____																					
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: _____		DATE: _____																					

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